by no means the first occasion on which Dr. Tory has come to Dalhousie's assistance. is one of the three Dalhousie Governors who made the Dalhousie Book Club a possibility. He has most generously assisted the Student's Loan Fund, the Library, and the University endowment generally. His present gift is, from several points of view, exceedingly well-timed. On December 16th last the Carnegie Corporation of New York promised Dalhousie University \$50,000, not for building but for the purpose of medical education, provided the University could raise in Canada a like amount for like purposes. To this fund contributions have been made already by Dr. William Inglis Morse of Paradise, N.S., A. B. Wiswell, Peter Jack, and another anonymous donor in Halifax, and other substantial amounts have been pledged by friends of the University.

Letters. Notes and Queries

The Retrogression of Cancer

To the Editor:

The writer has recently had the experience of observing a case of rather rapidly advancing diffuse spread of cancer in the skin following and as a result of carcinoma of the breast which had been removed some months previously. A biopsy was made from the edge of the malignant spread, proving the lesion to be a malignant one. Without any treatment other than the application of calamine lotion as a palliative measure it was observed that over a period of many months the lesion stopped spreading, the skin involved grew paler in colour and the whole affair presents the appearance of definite regression, and it would appear that the lesion is going to fade away. The writer has had other experiences somewhat similar, although not of as definite a nature, and has heard from professional friends descriptions of what would appear to be the spontaneous disappearance of malignant lesions.

One wonders if experiences of this nature are not more common than is generally supposed. It would seem that a worthwhile purpose might be served by collecting evidence regarding this matter, particularly at this time when cancer control is so much before the public eye. It may be that a number of Canadian medical men have made similar observations but have not thought it worth while to publish the matter.

Would you be good enough through the columns of the Journal to draw the attention of the medical men of Canada to this, and request that if any of them have proved cases of

Answers to letters appearing in this column should be sent to the Editor, 3640 University Street, Montreal.

carcinoma, primary or recurrent, which have recovered or greatly improved without the use of any specific type of therapy, to communicate with the writer?

W. A. Jones, M.D.

Kingston General Hospital, Kingston, Ont. Sept. 23, 1938.

The Treatment of Chronic Acne by X-ray

To the Editor:

The paper by Dr. Pirie, "Chronic Acne Vulgaris (Indurata) in Middle-Aged Women" recently published in the Journal* calls for comment.

Treatment of any disease requires an appreciation of the nature of the pathological condition and the relationship of the varying clinical manifestations to the etiological factors.

The rôle of the endocrine glands, including the gonads, in the etiology of acne is generally accepted, but the precise part played by each in any or all of the clinical forms of acne is not by any means firmly established. There are no grounds for offering as treatment of acne a simple stereotyped formula, such as destroying the function of any endocrine glands, and roentgen-treatment of the skin areas involved.

While it is true that Dr. Pirie has not advocated sterilization by x-rays and x-ray treatment of the skin as a routine treatment for acne in all women, nor even for those approaching "middle age," his conclusion that "it is justifiable to produce sterilization in a woman of forty who has suffered from acne for years", on the grounds that "one does not see acne of any importance in women after the climacteric period", must

not be accepted.

The knowledge that dermatologists have put x-ray treatment on a rational basis in a number of skin diseases has led to wide-spread abuse at the hands of radiologists and others who possess x-ray apparatus. Every dermatologist is frequently encountering instances of skin-diseases which have been treated in this way, often with disastrous results. Some of the cases were of diseases in which roentgen-rays were not indicated, and others were ones in which they would have been of value had the operator possessed any knowledge, beyond occasionally the name alone, of the disease with which he was dealing. Cases are rare in which no other

additional treatment is necessary.

Many general practitioners, finding themselves baffled either in regard to the diagnosis or the treatment, or both, of a skin disease, are reluctant to have their patients consult a specialist, but do not hesitate to send them to a radiologist or physiotherapist whom they choose to regard as a technician. Thus they lose none of the credit for any good results which may

^{*} Pirie, A. H.: Canad. M. Ass. J., 1938, 39: 171.

follow, while failure or bad results are set down as debits on the score of the technician. It is apprehended, therefore, in view of what has happened in the past, that in future, as a result of Dr. Pirie's report, we shall see women with acne sent in numbers to radiologists for sterilization.

It is submitted that such treatment for acne as no justification at any age, and that if it is adopted without protest serious abuses and further discrediting of a valuable therapeutic agency will inevitably follow.

D. E. H. CLEVELAND

Vancouver, B.C. August 29, 1938.

To the Editor:

Dr. Cleveland's comments on my paper on acne are well chosen and to the point.

He points out "Dr. Pirie has not advocated sterilization by x-rays and x-ray treatment of the skin as a routine treatment for acne in all women." I certainly do not. The case I described was of particular interest, as the patient herself suggested the treatment of sterilization, and laid her views before two eminent gynæcologists. Both of these thought the patient's suggestion of sufficient value to attempt the treatment of her acne by x-ray sterilization. On their recommendation I carried out the treatment.

I have not searched the literature to find who has already carried out this treatment, but whether or not it has been previously carried out elsewhere, or whether it may even be a routine treatment elsewhere, I thought the case was of sufficient interest to report it and the result. Since writing the paper I have had a letter from the lady whom I treated. She is traveling in South Africa, and wrote to say how perfect had been her cure and how thankful she is for the treatment.

Dr. Cleveland objects to my statement that "it is justifiable to produce sterilization in a woman of forty who has suffered from acne for years", and his objection to the statement hinges on what is "justifiable" and what is not. That is a matter which Hippocrates deals with when he begins "Ars longa vita brevis" and goes on to say "the occasion is fleeting, experience is fallacious, and judgment difficult.

In this case "the occasion was fleeting", for the patient had reached the end of her endurance and was contemplating suicide to end her misery. "Experience" in this case could not be said to be fallacious, for neither the gynæcologists nor myself had any experience of this form of treatment in acne. It was evident that "judgment was difficult", but the results obtained showed that our judgment had been good.

It is not a wise procedure to draw general conclusions from a single successful case, but it is in the interest of science to report it with comments, and this is all I make claim to.

Dr. Cleveland's sweeping statement that "such treatment" (x-rays?) "for acne has no justification at any age" certainly does not apply to this case where the x-ray treatment was a complete success.

I hope Dr. Cleveland's words of warning will prevent the treatment being carried out by those who know skin diseases by name only, and know only how to press the button of an

x-ray machine.

The opinion of the two gynæcologists, the patient's consent, and the delivery of the sterilization x-ray dose by an experienced radiotherapeutist who measures his dose of x-rays with every precaution are sine qua non for the treatment, and this treatment should be carried out only after dermatologists have failed to affect a cure after years of trial.

A. H. PIRIE

Royal Victoria Hospital, Montreal. Sept. 7, 1938.

Topics of Current Interest

Risks From Hypodermic Injection

A fatality in Germany after an injection directs attention once again to the sterilization of syringes. What is the simplest procedure which will obviate all risk? After an injection of luminal into the thigh the patient developed gas-gangrene and died; he was suffering from a serious attack of pneumonia. While the risk of death from this alone was material, the assumption apparently made by Jungmichel and his colleagues1 was that gas-gangrene began at the site of injection and quickly caused The interesting point is that typical Cl. welchii were found in 70 per cent alcohol in which the syringe was kept. An inquiry at many hospitals showed that in Germany—as probably in this country—syringes and needles are kept in alcohol as a routine in the wards, being boiled between successive injections or merely washed with alcohol. As this method has the authority of a number of textbooks and was taught in many universities, the medical man was finally exculpated. It is emphasized in the report that Koch as long ago as 1881 showed that anthrax spores resist alcohol, and that Wanke in 1926 traced a death from gasgangrene to Cl. welchii spores which were present in the alcohol in which the syringe had been stored. Dalrymple-Champneys² and Garrod and Keynes³ have pointed out the danger of trusting to alcohol for disinfection; in certain

Münch. med. Wschr., 1938, 85: 125.
 Proc. Roy. Soc. Med., 1936, 29: 476.
 Brit. M. J., 1937, 2: 1233.
 Pharm. J., 1936, 137: 79.